

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

1, 2, & 3-family Dwelling Units

STARK COUNTY BUILDING DEPT. PERMIT # 3951 Convenience Cir NW Ste 110 PLAN EXAM # Canton, OH 44718 330-451-1770 / FAX: 330-491-8373 ZONING # _____ www.starkcountyohio..gov HOUSE # FLOOD PLAIN _____ **TOWNSHIP** SEPTIC/SEWER: 1 2 3 FAMILY DWELLING LOCATION ADDRESS: (PLEASE INCLUDE ADDRESS DIRECTION. N, S, E, W, ETC.)CITY, ZIP PROJECT NAME: CONTRACT VALUE OF PROJECT: \$ SQ. FT. (round UP to nearest 100 sq. ft.) BASEMENT _____ CRAWLSPACE _____ FIRST FLOOR _____ SECOND FLOOR _____ THIRD FLOOR DECK/PORCH_____ GARAGE_____ INDUSTRIALIZED UNIT _____ MISC. __ TYPE OF IMPROVEMENT: ____NEW BLDG ____REPAIR ____ADDITION ____OTHER ____EXISTING _____GARAGE/POLE BLDG REROOF ALTER/REMODEL DETAILED DESCRIPTION OF WORK: Contact Canton City Air Pollution Control at 330-489-3385 regarding environmental restrictions before demolition or renovation. EMAIL CONTRACTOR ADDRESS____ CELL PHONE CITY_____ STATE ____ ZIP____ PHONE ____ FAX_____ PROPERTY OWNER ______ EMAIL ADDRESS STATE____ ZIP____ PHONE_____ FAX____ TENANT NAME ______ TENANT PHONE _____ **INSPECTIONS & FEES OWED:** CHECK_____ APPLICATION FEE - \$50.00 per Unit + \$2.00 PER 100 SQ. FT x _____ sq.ft. CASH DISCOUNT APPLICATION FEE - \$75.00 per unit \$ (RESTRICTIONS APPLY-CALL OFFICE FOR DETAILS) SPECIAL ONE TIME INSPECTION - \$50.00 per unit \$ SUBTOTAL 1% BBS Signature TOTAL Applicant, Agent, Owner The applicant, agent, owner of this building and the undersigned is/does (1) agree to conform to applicable laws of the Stark County Building Dept. and State of Ohio, (2) responsible to verify

that the job location is in the jurisdiction of the Stark County Building Dept. and if the job location is out of the jurisdiction, **NO** refund will be issued, (3) the address is correct, (4) **responsible for** making arrangements for all inspections, (

CALL BEFORE YOU DIG - OUPS 1-800-362-2764.

PLEASE PROVIDE EMAIL FOR BETTER SERVICE